

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10531556

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	3		1			
5	3		1			
6	3		1			
7			1			
8	1		1			
9						
10						
11						
12						
13	2					
14						
15						
16						
17	3		1			
18	3		1			
19	1		1			
20						
21	2		1			
22	2		1			
23			1			
24			1			
25			1			
26			3			
27			3			
28			3			
29			3			
30			1			
31			1			
32			1			
33			1			
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37						
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40						
41			1			
42			1			
43			1			
44			1			
45						
46						
47						
48						
49						
50						
TOTAL IND.			61			
TOTAL DEP.			24			
TOTAL CLAIMS			30			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						